ACCOUNTING

FOR INSTRUCTIONS, SEE BACK OF FORM		1 10	RM TUICE AND
DISCLOSURE SUMMARY PAGE		D	REZHICS DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organic Grundy Ca Republican Centra		20 <del>18 11</del>	0172001) REPORT
MIPORTANT: Indicate type of committee you are reporting for:			m. #
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) (5) County PAC (6) Ballot issue/Franchise Committee (7) County/City Ct (8) Support State of Candidates	t )County/Local Candidate entral Committee	Audit	
CANDIDATE COMMITTEES ONLY:		l i	
Candidate Name	Political Party	<u> </u>	
Office Sought	District (if Senate or House)		2010 MAY 5-18-16
		J	<b>3</b> 25
SIGNATURE OF TREASURER (or person filing this report)	(319)824-6500 TELEPHONE	<u> </u>	5-18-18 DATE SIGNED
Routine Penalties Due For Late	Filed Reports Range fro	m \$20	to \$800 =
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENCE:		is a
IAMFILINGA May 14th	REPORT FOR ANA (1) ELEC	TION /(2)	NON ELECTIONSEAR.
(report date)		ate one	
	. 17	and Cassill	nittees, enter Date of Election
CHECK IF AMENDMENT TO REPORT DATED			· ·
Check if this is final (termination) report and attach Notice of Olice (You must continue to file reports until a Notice of Disc	Dissolution		poal Committees, enter County in Ion is held
STATEMENT	of Cash on Hand		
STATEMENT  CASH ON HAND at the beginning of the reporting period. (The by the committee. This amount MUST be the same a of the leat reporting period, or must be zero if this is fit.)	is is the total of all monies held a the cash on hand at the end	\$	539.75
CASH ON HAND at the beginning of the reporting period. (The by the committee. This amount MUST be the same a of the leat reporting period, or must be zero if this is fit.)	is is the total of all monies held is the cash on hand at the end not report filed.)		,
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For Instructions, See Back of Form

## **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

GRUNDY Co Republican Central Committee

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS		
CHECK THIS BOX 18 AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR  RELATIONSHIP  TO CANDIDATE*  (If applicable)	AMOUNT RÉCEIVED
02/01/2010	ID# CK#	Mark Sahildroth 23089 V Ave Reinbeck IA 50669	\$ 100.60
02/01/2010	ID# CK#	Harlyn Riekena 11589 1854 St Wellsburg IA 50680	100.00
02/01/2010	ID# CK#	Marsha Duddesl 845 Fox Ridge Rd Dike IA 66684	100.00
02/01/2010	ID# CK#	Barbara Smith 807 Walden LN Grundy Center IA 50638	100.00
02/01/2010	ID# CK#	Paul Cheig 34597 R Ave Grundy Center IA 50638	100.00
02/01/2010	ID#	Buck Bag	2.00
13/06/2010	ID# CK#	Gale (CORK) Peterson, JR 1009 Blackhaux St Reinbeck, IA- 50669	100.00
03/06/2010	ID# CK#	Harvin Meyer 18252 H AVE Wellsburg IA 50680	100.00
03/06/2010	ID#	Mark Baskohl 20455 P Ave Grundy Center IA 50638	100.00
03/06/2010	1 10.44	Goey Karkoshidge St 184 Upper Ridge St Beinbeck IN 50669	110,00
		SUB-TOTAL  TOTAL (if last page of this schedule)	\$ 902,00

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_of \_\_\_\_\_

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES			
CHECK THIS BOX IF				

Grund	1 Co Repub	lican Central Committee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
03/19/2010	ID# CK# 511	Family Foods 1400 Q Ave Grundy Center IA 50638	Coffee/Deink Tonuts for, County Convents	s 11.68
3/19/	ID# CK# 578	Republican Facty of IA- 621 E Ninth Des Moines IA 50309	Oligate Free for District T State Convent	480.00
	ID#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
	1		SUB-TOTAL	\$ 551.6

					ATES'			

Campaign funds may be used only for.

(1) campaign purposes,

(2) constituency expenses, and

(3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page			of	
	,	_(for 8	Sched	ule B)

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

## **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAM	(Must be same as o	n Statement of	Organization)	
Grundy Co	Republican	Central	Committee	

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
	CK THIS BOX IF NOING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE' (if applicable)	AMOUNT RECEIVED
03/06/2010	CK#	Mary Schmidt 1209 - 9th 3t Grundy Center IA 50638 State + District Delegate Fees 12 x 40.00		\$ 180.00
03/06/	ID#	State + District Delegate Fees		440 00
1 2010	CK#	12 × 40.00		700,00
,	ID#			
	CK#			
	1D#			
	CK#		, , ,	
	ID#			
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	10#			
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	ID#			
ر	CK#			
	1D#			<del> </del>
	CK#			
			SUB-TOTAL	\$ 580.00

TOTAL (if last page of this schedule)

\$1482.00

Page 2 of 2 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consunguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumarne of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.